



Application No. (if known): 09/854204

Attorney Docket No.: CCI-010CN

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Date

Signature

Cynthia L. Kanik, Ph.D.

Typed or printed name of person signing Certificate

37,320
Registration Number, if applicable

(617) 227-7400
Telephone Number

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Transmittal Form (1 page);
Amendment Transmittal Letter (1 page);
Fee Transmittal (1 page, in duplicate);
Amendment After Allowance Pursuant to 37 CFR 1.312 (7 pages);
Form PTOL-85 (1 page, in duplicate);
Copy of Recordation From Cover Sheet (1 page); and
Return Receipt Postcard



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/854204-Conf. #8487
	Filing Date	May 11, 2001
	First Named Inventor	Peter Martin FISCHER
	Art Unit	1642
	Examiner Name	K. A. Canella
Total Number of Pages in This Submission	Attorney Docket Number	CCI-010CN

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Allowance Pursuant to 37 CFR 1.312 <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mailing; Amendment Transmittal Letter; Form PTOL-85; copy of Recordation Form Cover Sheet; Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Cynthia L. Kanik, Ph.D.		
Date	May 2, 2005	Reg. No.	37,320

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Dated: May 2, 2005

Signature:

(Cynthia L. Kanik, Ph.D.)

**AMENDMENT TRANSMITTAL LETTER**Docket No.
CCI-010CNApplication No.
09/854204-Conf. #8487Filing Date
May 11, 2001Examiner
K. A. CanellaArt Unit
1642Applicant(s): Peter Martin FISCHER *et al.*

Invention: TRANSPORT VECTORS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	95	- 48 =	47	x 25.00	1175.00
Independent Claims	1	- 3 =		x	
Multiple Dependent Claims (check if applicable)				<input checked="" type="checkbox"/>	
Other fee (please specify):				Utility issue fee; Publication fee for early, voluntary, or normal publication; Printed copy of patent w/o color	1,030.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					2,205.00

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 12-0080 in the amount of \$ 2,205.00.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080 as described below.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Cynthia L. Kanik, Ph.D.
Attorney Reg. No.: 37,320

Dated: May 2, 2005

LAHIVE & COCKFIELD, LLP
28 State Street
Boston, Massachusetts 02109
(617) 227-7400

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Dated: May 2, 2005

Signature: 

(Cynthia L. Kanik, Ph.D.)



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	09/854204-Conf. #8487
		Filing Date	May 11, 2001
		First Named Inventor	Peter Martin FISCHER
		Examiner Name	K. A. Canella
		Art Unit	1642
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	CCI-010CN
TOTAL AMOUNT OF PAYMENT	(\$) 2,205.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
95		- 48 = 47	x 25.00	= 1175.00	Fee (\$)		Fee Paid (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
		- 3 =	x	=			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
		- 100 =	/50	(round up to a whole number) x	=		
4. OTHER FEE(S)							
						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2501 Utility issue fee						700.00	
1504 Publication fee for early, voluntary, or normal ...						300.00	
8001 Printed copy of patent w/o color						30.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	37,320
Name (Print/Type)	Cynthia L. Kanik, Ph.D.	Telephone	(617) 227-7400
		Date	May 2, 2005

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